

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION

10/6/22/53

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/		/			
3	/			/			
4	/			/			
5	/			/			
6	/			/			
7	/			/			
8	/		8				
9	/		7				
10	/		6				
11	/		5				
12	/		4				
13	/		3				
14	/		2				
15	/		1				
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28			6				
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31			6				
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49							
50							
TOTAL IND.	21		22				
TOTAL DEP.			30				
TOTAL CLAIMS			32				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							